

## Association Between IBD and Celiac Disease

A systematic review and meta-analysis to assess evidence for an association between celiac disease (CeD) and IBD was carried out by searching databases, including MEDLINE, EMBASE, CENTRAL, Web of Science, CINAHL, DARE, and SIGLE through June 25, 2019 for studies assessing the risk for CeD in patients with IBD and IBD in patients with CeD, compared with controls of any type. The Newcastle-Ottawa Scale was used to evaluate the risk of bias and grade to assess the certainty of the evidence.

A total of 9791 studies were identified, including 65 studies used in this analysis. Moderate certainty evidence found an increased risk of CeD in patients with IBD vs controls (RR 3.96), an increased risk of IBD in patients with CeD vs controls (RR 9.88). There was low-certainty evidence for risk of ASCA in patients with CeD vs controls (RR 6.22). There was low certainty evidence for no difference in risk of HLA-DQ2 or DQ8 in patients with IBD vs controls (RR 1.04), and very low-certainty evidence for an increased risk of anti-tissue transglutaminase in patients with IBD vs controls (RR 1.52).

Patients with IBD had a slight decrease in risk of anti-endomysial antibodies vs controls (RR 0.70), but those results were uncertain.

It was concluded that in a systematic review and meta-analysis, there was an increased risk of IBD in patients with CeD and increased risk of CeD in patients with IBD, compared with other patient populations. High-quality prospective cohort studies are needed to assess the risk of CeD-specific and IBD-specific biomarkers in patients with IBD and CeD.

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Pinto-Sanchez, M., Seiler, C., Santesso, N., et al. "Association Between Inflammatory Bowel Diseases and Celiac Disease: A Systematic Review and Meta-Analysis." *Gastroenterology*, 2020; Vol. 159, pp. 884-903.

## Incidence of Colorectal Cancer and Advanced Adenoma in Patients with Acute Diverticulitis

The incidence of colorectal cancer (CRC) and advanced adenoma (AA) were examined in patients with diverticulitis, compared with patients undergoing screening colonoscopy.

CT scans from January 1, 2008 to May 1, 2013 were evaluated at the University of Pittsburgh Medical Center (UPMC) to identify those with confirmed acute diverticulitis. Subsequent surgical, colonoscopy and pathologic reports were abstracted to identify those with a diagnosis of AA and CRC. The incidence of neoplasia was compared with that reported for screening colonoscopy from a meta-analysis (N = 68,324), and from colonoscopy examinations at UPMC between 2013 and 2015 (N = 28,573).

A total of 5,167 abdominal/pelvic CT scan reports identified 978 patients with acute diverticulitis, among which 474 (48.5%) patients had undergone at least one colonoscopy or gastrointestinal surgery to April 2015. The CRC rate in patients with diverticulitis (13/474 – 2.7%), was significantly higher compared with the meta-analysis (0.8%) and UPMC (0.3%).

The AA rate (19/474, 4%), was similar to the rate in the meta-analysis (5%), but significantly lower than at UPMC (7.7%). The incidence of AA or CRC in complicated diverticulitis (10/141, 7.1%), did not differ significantly from the incidence of AA or CRC in uncomplicated diverticulitis (22/332, 6.6%).

It was concluded that CRC after diverticulitis was significantly higher than that observed at screening colonoscopy and was not limited to complicated disease. Colonoscopy is advisable after the diagnosis of diverticulitis.

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Tehrani, S., Klinge, M., Saul, M., et al. "Prevalence of Colorectal Cancer and Advanced Adenoma in Patients with Acute Diverticulitis: Implications for Follow-Up Colonoscopy." *Gastrointestinal Endoscopy*, 2020; Vol. 91, pp. 634-640.

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